**CRC HYDROTHERAPY POOL**

**REFERRAL FORM FOR ACCESS TO HYDROTHERAPY POOL**

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| **Name of Client:** | **Client’ Address:** |
| **DOB:** |  |
| **Client’s Contact Number:** | **Diagnosis:** |
| **Name of Referrer:** | **Referrer’s title:** |
| **Referrer’s contact number:** | **Referrer’s email:** |
| **Referrer’s Address:** | **CHO area: Network:** |
| **Referrer’s place of work (please select):**  Children’s services  Adult services  Primary care  CDNT  Other (please state): | |
| ***A risk assessment will be carried out on all referrals to determine suitability for hydrotherapy. A member of the team will contact the referrer and client regarding this on receipt of the referral.***  **Brief History/Current Function:**  **Current Goals and plan:**  **Ongoing land physiotherapy plan and input:** | |
| **Reason for Referral (e.g. pain management, post medical/orthopaedic intervention, unable to perform same intervention on land)**  **Aims of Aquatic Physiotherapy:** | |
| **Do you require support from CRC NSS Physiotherapist for the hydrotherapy session?** *(e.g. do you need help with handling of client for first sessions? Do you need help starting a group that you will then be able to run independently?)* **Yes  No**  **CRC NSS Hydro provides the following interventions:** (If possible, please choose from the options below to indicate intervention you feel may be required)  **Handling advice in water**  **Strengthening programme**  **Home aquatic therapy programme**  **Guidance re group aquatic therapy**  **Prehab programme**  **Post operative programme**  **If yes, please outline the type of support you require:** | |
| **Is it possible to do this intervention in a local swimming pool? Yes  No**  **If yes, please state reason for requiring access to hydrotherapy pool:** | |
| **How many clients will be in the pool? (e.g. group or one to one intervention)** | |
| **Please state the volume of access time required:**  **Time required in the pool? Time required to access changing area?** | |
| **Please note for safety purposes, a second adult is always required on the pool edge. Please indicate if you have this in place or require support from CRC staff (this will need to be discussed further with CRC Physiotherapy Manager).**  **I have a second adult available on the pool edge**  **I require support from CRC staff** | |
| **Client/Guardian has given consent for referral?** | |

***Please return to: Physiotherapy Secretary, Physiotherapy Dept, CRC Clontarf***

***Email:*** [***PhysioSec@crc.ie***](mailto:PhysioSec@crc.ie)

***Contact Number: 01 8542222***